Film#G167 Item# 7,9
6/21/54 emf

5839

05830

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Sharon (Last) Ball

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 19-54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec. 4 1896

9. AGE last birthday: 57 ~~58~~ yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artist & Teacher.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Ball

14. MOTHER'S MAIDEN NAME: Alice Bowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO. 218-16-5277

17. INFORMANT AND ADDRESS: Julius Grollman = Stevensville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Acute coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Myocardial + coronary insufficiency
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to June 9, 19 54, that I last saw the deceased alive on ....., 19....., and that death occurred at 3:15 P m., from the causes and on the date stated above.
Attended by Dr. Theodor Sattelmaier

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D. Wm. Martin Jr. M.D. Queenstown, Maryland 6/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF June 12 NAME OF CEMETERY OR CREMATORY Stevensville LOCATION (City, town, or county) Stevensville (State) Md.

DATE REC'D BY LOCAL REG. June 9 54 REGISTRAR'S SIGNATURE Elizabeth Hopter

24. FUNERAL DIRECTOR ADDRESS
Edgar L. Lane = Church Hill, Md.

RECEIVED
JUN 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05831

5340 CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) 1457.2

3. NAME OF DECEASED: (First) WARREN (Middle) (Last) BROWN
4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last Birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 15, 1870	84 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fish Packer	Factory	Maryland	U.S.A.

13. FATHER'S NAME: unknown Brown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		none	Naomi Kuhber Hilton St. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1967

Immediate cause (a) Carcinoma of Lt. frontal Maxillary DUE TO — Interval Between Onset And Death: one

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cachexia DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
0					

22. I hereby certify that I attended the deceased from Jun 15, 1954, to Jun 18, 1954, that I last saw the deceased alive on Jun 17, 1954, and that death occurred at 1210 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or Title) C.M. Metcalfe MD — ADDRESS Fruitland Md — DATE SIGNED 6/20/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 21 1954	Millington Cem.	Millington Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-20	Edgar L. Lane	Edward Fillower	Millington Md.

VS. A15

RECEIVED
JUL 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05832

5841 **CERTIFICATE OF DEATH** Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brown St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centerville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Janie (Middle) A. (Last) Conyer

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 11-27-1880
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wells
14. MOTHER'S MAIDEN NAME: Miltida Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Ada Frazier, Centerville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

IMMEDIATE CAUSE (A) Heart

ANTECEDENT CAUSE (B) DUE TO Appendicitis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1951, to 6-17, 1954 that I last saw the deceased alive on 6-4, 1954 and that death occurred at 6:30 P.M. from the causes and on the date stated above.

SIGNATURE H. F. McPherson M. D. ADDRESS Centreville DATE SIGNED 6/15-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 6/16/54
NAME OF CEMETERY OR CREMATORY: Chesterfield Cem.
LOCATION (City, town, or county) (State): Centreville, Md.

DATE REC'D BY LOCAL REGISTRAR: 6-15-54
REGISTRAR'S SIGNATURE: Elsie Armstrong
24. FUNERAL DIRECTOR: James B. Cashell
ADDRESS: Easton, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 17 1954
BUREAU V, S.

MARYLAND STATE DEPARTMENT OF HEALTH

05834

5842 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Andersons Corner. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linden
STREET ADDRESS (If rural, give location) 1818 Essex ave

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) John (Last) Eikamp EIKAMP — DATE OF DEATH (Month) June (Day) 12 (Year) 19[illegible]

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~ MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white		May 27-1890	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist U.S Navy	U.S navy	Germany	U.S

13. FATHER'S NAME: Peter Eskamp.
14. MOTHER'S MAIDEN NAME: Linden Cordelia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	152-03-3509	Harold F. Eskamp (Son)

18. MEDICAL CERTIFICATION — EIKAMP

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Auto accident - Internal injuries - Pneumothorax	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fractured 8 ribs right & left arms & left leg — 8 ribs	
	(c) Two cars in head on Collision.	

716X

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	State highway (CITY OR TOWN)	(COUNTY)	(STATE)
		Andersons Corner	Q a	md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
6-12-54 8.50 a.m.		Two autos in head on Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W. Harvey Frazier M.D. Deputy Med. Exam. for Q a Co. Md. — Centreville md. — 6/13-54

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 16 1954	St Gertrudes Cem.	Woodbridge N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-14	Edgar L. Kane	Edward Pellew	Millington md.

RECEIVED
JUN 21 19[illegible]
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

05835

5843 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sudlersville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linden
STREET ADDRESS (If rural, give location) 1818 Emery Ave

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) (Eikamp) (Last) Eckamp

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify):

8. DATE OF BIRTH: April 24 1891

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY: U. S

13. FATHER'S NAME: Daniel G. Arnecht

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Harold G. Eckamp Son in law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Auto accident - Broken neck - Left leg broken

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): State highway — (CITY OR TOWN) Andrews Corner — (COUNTY) Qa — (STATE) Md

TIME OF INJURY (Month) 6 (Day) 12 (Year) 54 (Hour) 8:50 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): W. Henry Frazier M.D. Deputy Med. Exam. for Q.A. Co. Md

ADDRESS: Centreville Md

DATE SIGNED: 6/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 16 1954

NAME OF CEMETERY OR CREMATORY: St. Gertrudes Cem.

LOCATION (City, town, or county) (State): Woodbridge N.J.

DATE REC'D BY LOCAL REG.: 6-14

REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR: Edward Pellum

ADDRESS: Millington Md.

RECEIVED
JUN 21 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05837

5844 CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Robbins Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (Last) FORD

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Nov. 10, 1884

9. AGE last birthday: 69 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm hand

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Ford

14. MOTHER'S MAIDEN NAME: Annie E. Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Edna Jones - Millington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease

DUE TO

(c)

Interval Between Onset And Death: (a) 16 days; (b) Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) —

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/22, 1954, to 6/7/1954, that I last saw the deceased alive on 6/7, 1954, and that death occurred at 3.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Hamilton M.D.

ADDRESS Millington Md.

DATE SIGNED 6/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 10, 1954

NAME OF CEMETERY OR CREMATORY Cecilton Cem.

LOCATION (City, town, or county) Cecilton

(State) Cecil Co. Md.

DATE REC'D BY LOCAL REGISTRAR 6-8

REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edward Fellows - Millington Md.

ADDRESS

VS. A15

RECEIVED
JUL 2 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05838

5845 CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sudlersville
LENGTH OF STAY (in this place) 7 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sudlersville
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) RUSSELL (Last) GRIBBINS

4. DATE OF DEATH: (Month) 6 (Day) 11 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 3/30/1910
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Specify retired): Reggers Sun Oil Co.
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David A. Gribbins
14. MOTHER'S MAIDEN NAME: Mary F. Bright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 086-16-2559
17. INFORMANT & ADDRESS: Tillie Gribbins Sudlersville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

140X
Immediate cause (a) Cancer of the lung
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Melanoma of the R. leg
DUE TO
(c)

Interval Between Onset And Death: 18 Months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6.6., 1954, to 6.11., 1954, that I last saw the deceased alive on 6.7, 1954, and that death occurred at 6.11.54, from the causes and on the date stated above.
SIGNATURE (Degree or title) Glen Kozalewski M.D.
ADDRESS Millington, Md
DATE SIGNED 6.12.54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/14/54
NAME OF CEMETERY OR CREMATORY Jones Chaple
LOCATION (City, town, or county) (State) Bass Kentucky
DATE REC'D BY LOCAL REGISTRAR 6/12/54
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR J. E. Boulais
ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1934
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

5846 2411 N. Charles Street, Baltimore 5839

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester Hall
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) C. (Last) Jackson

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Sept 14-1886

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Work.

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Lewis

14. MOTHER'S MAIDEN NAME: Virginia Loyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs L. Holden Church Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 9 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral Arterial Sclerosis
(c) Chronic Myocarditis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1954, to June 27, 1954 that I last saw the deceased alive on June 27, 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE: C W Whitecraft (Degree or title) ADDRESS: Sudlersville Md DATE SIGNED: 6/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: June 30-54

NAME OF CEMETERY OR CREMATORY: Stevensville

LOCATION (City, town, or county) (State): Stevensville Md

DATE REC'D BY LOCAL REG.: 6-29

REGISTRAR'S SIGNATURE: Edgar L. Kane

24. FUNERAL DIRECTOR: Edgar L. Lane Church Hill Md ADDRESS

RECEIVED
JUL 2 1
BUREAU V. S.

05840

MARYLAND STATE DEPARTMENT OF HEALTH

5847 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sudlersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 920 East 28th St

3. NAME OF DECEASED (Type or Print) (First) Wm (Middle) Henry (Last) Lau
4. DATE OF DEATH (Month) 6 (Day) 12 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH Mch 10 1908
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Manager - Luke Motor Co.
10b. KIND OF BUSINESS OR INDUSTRY Auto
11. BIRTHPLACE (State or foreign country) Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Aaron C. Lau
14. MOTHER'S MAIDEN NAME Annie Fonck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Vet - World war II
16. SOCIAL SECURITY No. 221-09-5379
17. INFORMANT AND ADDRESS Mildred M. Lau (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broken neck - auto accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ~~OR~~ CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State highway (CITY OR TOWN) Anderson's Corner (COUNTY) 2 a. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-12-54-8:50 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Two Cars in Collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) W. Henry Fisher M.D. Deputy Med. Exam for 2 A. Co Md.
ADDRESS Centreville Md.
DATE SIGNED 6/13/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 15 1954
NAME OF CEMETERY OR CREMATORY Greenlawn Mem. Park
LOCATION (City, town, or county) Wilmington (State) Del.
DATE REC'D BY LOCAL REG. 6-14
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edward Villano Millington
ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

05841

MARYLAND STATE DEPARTMENT OF HEALTH

5848 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ANDREW (Middle) (Last) MEREDITH

4. DATE OF DEATH (Month) June (Day) 13 (Year) 1954

5. SEX male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify) | 8. DATE OF BIRTH 12-27-1880 | 9. AGE last birthday 73 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME James E. Meredith | 14. MOTHER'S MAIDEN NAME Martha Jane Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mrs. Hubert Jarrell - Centreville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 592X (a) Chronic Interstitial nephritis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with Heart Complication

(c) mitral regurgitation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2- 1954, to 6/13- 1954, that I last saw the deceased alive on 6/12- 1954, and that death occurred at 4:10 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Henry Fisher M.D - Centreville Md 6/14-54

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF June 15 | NAME OF CEMETERY OR CREMATORY Church Hill | LOCATION (City, town, or county) (State) Church Hill, Md.

DATE REC'D BY LOCAL REG. 6-14 | REGISTRAR'S SIGNATURE Edgar D. Lane | 24. FUNERAL DIRECTOR ADDRESS Edgar D. Lane Church Hill

RECEIVED
JUN 21
BUREAU V. S.

05842

MARYLAND STATE DEPARTMENT OF HEALTH

5849 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Love Point — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde.
STREET ADDRESS (If rural, give location) Williams road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clifton	P.	Phillips Jr	June	13	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white		Sept 14-1919	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Storm window business		Bacto md	U.S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clifton P. Phillips Sr	Hilda Marie Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes World War II		Clifton P. Phillips Sr. Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Henry Fisher	M. D. Deputy Med. Exam. for	Q. A Co. Md	6/13-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 16, 1954	Fork Methodist Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-14-54	[illegible]	Leonard J. Ruck, 5305 Harford Road #14

JUN 1954
BUREAU V.

05843

MARYLAND STATE DEPARTMENT OF HEALTH

5850 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville R F D
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville R F D
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Oscar (Middle) Rayfield (Last) Tarr Jr

4. DATE OF DEATH (Month) June (Day) 13 (Year) 1954

5. SEX male

6. COLOR OR RACE White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH Dec 1-1933

9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm work

11. BIRTHPLACE (State or foreign country) Centreville Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Oscar Rayfield Tarr

14. MOTHER'S MAIDEN NAME Sadie Elizabeth Embert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Oscar Rayfield Tarr (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Auto accident - he was pinned under

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) overturned auto & his face was imbedded

(c) in dirt & he suffocated.

822

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State highway (CITY OR TOWN) Centreville R F D (COUNTY) 2 a (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) W. Henry Fisher M.D. Deputy Med-Exam for 2 a. C. Md

ADDRESS Centreville Md

DATE SIGNED 6/14-54

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial

DATE THEREOF June 16, 1954

NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery

LOCATION (City, town, or county) Centreville, Maryland (State)

DATE REC'D BY LOCAL REG. 6-15-54

REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Barton Bros. Centreville, Maryland ADDRESS

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 17 1954
BUREAU V. S.

05844

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5851 CERTIFICATE OF DEATH

Reg. Dist. No. 252

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural) Centerville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Queen Anne; STREET ADDRESS (If rural give location) R.F.D #2

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Anne (Last) Wheeler

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: Dec 25, 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 5 Days 10 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Queen Anne Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Johnson

14. MOTHER'S MAIDEN NAME: Eliza Demby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Mary Wheeler, Centerville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3

IMMEDIATE CAUSE (A) Organic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1954 to 6/5, 1954, that I last saw the deceased alive on 6/4, 1954, and that death occurred at 3:30 M, from the causes and on the date stated above.

SIGNATURE W. Henry Fisher ADDRESS M.D Centerville Md DATE SIGNED 6/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/7/1954 — NAME OF CEMETERY OR CREMATORY Hope Cemetery — LOCATION (City, town, or county) (State) Hope, Queen Anne Co., Md

DATE REC'D BY LOCAL REGISTRAR 6/5/54 — REGISTRAR'S SIGNATURE Edie Armstrong — 24. FUNERAL DIRECTOR ADDRESS Herbert M. St. Clair, Jr., Camb., Md

RECEIVED
JUN 17 1954
BUREAU V. S.